Rec'd PCT/PTO 14 MAR 2005

DECLARATION UNDER 35 USC §371(c)(4) FOR 10/527026 TAPPLICATION FOR UNITED STATES PATENT

	PCT APPLICATION FOR UNITED STATES TATES.			
•	As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below under my name; My residence, post office address and citizenship are as stated below under my name;	original, first		
and j	I verily believe I am the original, first and sole inventor (if only one time and for which is claimed and for which inventor (if plural names are listed below) of the subject matter which is claimed and for which inventor (if plural names are listed below) of the subject matter which is claimed and for which inventor (if plural names are listed below) of the subject matter which is claimed and for which is claimed an	IS.		

sought, namely the invention entitled: METHOD AND APPARATUS FOR DETERMINING HYSTERESI described and claimed in international application number PCT/FI2003/000669 filed 12 September 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as

amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as

defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Finland application No. 20021644 filed 13 September 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944; TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten) of Sole or F	irst Inventor:	Mats Given Name	Middle Initial	FRIMAN Family Name
Inventor's		<u></u>		
Date of Sign		Month	2005 Day	Year
Residence:	Helsinki City	1 T	Finland State or Province	Finland \ Country
Citizenship	Finnish t	E-IIlendoui	a 4 A 8, FI-00970 Helsinki, l	inland
	Post Office Address: (Insert complete mailing address, including country)		2 + A 0, 11-007 / 0 110-0	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE \Box (Discard this page in a sole inventor application)